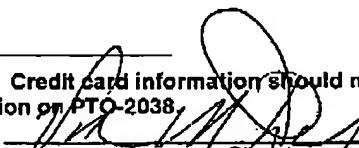
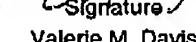


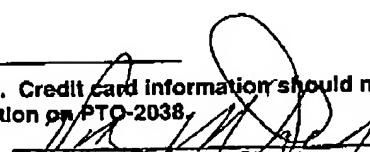
JAN 25 2006

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		<i>Docket Number: CM04263H</i>	
In re Application of	Sanders, et al.		
Application Number	10/052,800	Filed	10/29/2001
For	SERVICE MANAGEMENT AGENT FOR MANAGING THE PROVISION OF DIFFERENT SERVICES TO A COMMUNICATION DEVICE		
Group Art Unit	2643	Examiner	Jamal, Alexander
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.			
The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired):			
<input type="checkbox"/> One Month (37 CFR 1.17(a)(1)) \$ 120.00 <input checked="" type="checkbox"/> Two Months (37 CFR 1.17(a)(2)) \$ 450.00 <input type="checkbox"/> Three Months (37 CFR 1.17(a)(3)) \$ 1020.00 <input type="checkbox"/> Four Months (37 CFR 1.17(a)(4)) \$ 1590.00 <input type="checkbox"/> Five Months (37 CFR 1.17(a)(5)) \$ 2160.00			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$ _____			
<input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number 502117. The Deposit Account Name is Motorola, Inc. <input checked="" type="checkbox"/> I have enclosed a duplicate copy of this sheet.			
I am the: <input type="checkbox"/> Applicant/inventor <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> Attorney or agent of record Valerie M. Davis (Registration No.: 50,203) <input type="checkbox"/> Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a)			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
 January 25, 2006 Date		 Signature Valerie M. Davis	
847.578.6733 Telephone Number		Type or printed name Valerie M. Davis	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of 1 form(s) are submitted			

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

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<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$ _____	
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<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number 502117. The Deposit Account Name is Motorola, Inc.	
<input checked="" type="checkbox"/>	I have enclosed a duplicate copy of this sheet.	
I am the:		
<input type="checkbox"/>	Applicant/inventor	
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).	
<input checked="" type="checkbox"/>	Attorney or agent of record (Registration No.: 50,203)	Valerie M. Davis
<input type="checkbox"/>	Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a)	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
January 25, 2006		
Date		Signature
847-576-6733		Valerie M. Davis
Telephone Number		Type or printed name
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.		
Submit multiple forms if more than one signature is required, see below.		

Total of 1 form(s)are submitted
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